

Name: Omar Khayyam Arrington-Bey

## AUTOPSY REPORT

NAME: Omar Khayyam Arrington-Bey

CASE#: IN2013-01074

I hereby certify that I, Thomas Gilson, M.D., Medical Examiner, have performed an autopsy on the body of Omar Khayyam Arrington-Bey on the 22<sup>nd</sup> day of June, 2013 commencing at 8:20 A.M. in the mortuary of the Cuyahoga County Medical Examiner's Office. In attendance at autopsy is Detective Arvin Clar, Ohio Bureau of Criminal Investigation.

The body is identified by Medical Examiners tags attached to the great toes.

The body is received in a secured body bag.

### EXTERNAL EXAMINATION:

The body is of a well developed, well nourished, obese, 69 inch, 208 pound, black man whose appearance is consistent with the reported age of 38 years.

Wiry black scalp hair measures up to 1/16" with male-patterned baldness; mustache hair measures up to 1/2" and there is beard stubble. Reference scalp hair is submitted to forensic biology. There is a 1/4" pigmented area above the left eyebrow. The irides are brown; the slight to moderately injected conjunctivae are without hemorrhage or jaundice. There are focal petechiae involving the superior and inferior palpebral conjunctivae (right greater than left) and a single bulbar petechiae of the left eye. Natural teeth are in the maxilla and mandible; the frenula are intact. There is oral trauma as noted below. There are no gingival petechiae. The facial bones are intact to palpation. The ears and neck are unremarkable except as noted. The trachea is in the midline. There are pierce sites in the earlobes.

The anterior and posterior aspects of the torso are normally developed. There are striae of the torso in the buttocks area. The upper and lower extremities are without palpable fractures, deformities, or edema. There are no needle tracks. The external genitalia are normal, apparently circumcised adult man with testes in the scrotal sac. The anus is unremarkable and free of trauma.

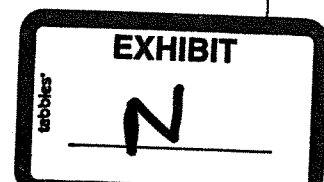
Postmortem Changes: Rigor mortis is well developed in the jaw and extremities. Blanching livor mortis is on the back except for the pressure points and is also present at the neck and shoulders with Tardieu spots as well as an impression consistent with the decedent's t-shirt noted at the shoulders. The body is cold. There is cyanosis at the head and neck area. The eyes show red discoloration where the lids are not closed (comment: tache noire).

Scars: There are multifocal scars involving the hips, flanks and buttocks. Additionally at the top of the left shoulder is a 1" scar. On the left side of the chest is a 1/8" scar. There is a 2" scar above the umbilicus. In the lower abdomen is a 4" transversely oriented scar. There is a 1" scar in the left lower quadrant of the abdomen. There is a 3" irregular scar on the posterior lower right back. There are scattered irregular and short linear scars on the upper extremities. These measure up to 1/2". There is a 1/2" scar of the lateral left arm and a 3/4" scar of the dorsal left wrist. There is a 1" scar on the posterior right hand with a smaller scar at the base of the middle finger. There is a 1" scar on the medial aspect of the left thigh and a 1/4" scar (with smaller scars nearby) at the upper right thigh. There is scarring at the medial aspect of the ankles.

Tattoos: None.

Clothing: When first viewed the decedent is clad in blue jeans and a pale pink tank top. The jeans have been cut in front and the seam on the left side of the tank top is torn. Received with the body are two gray socks. One was initially removed for attachment of the hospital identification tag and the other was subsequently removed for attachment of Medical Examiner's tags.

Therapeutic Procedures: An endotracheal tube is present and properly positioned. An electrocardiogram leads are on the torso and upper extremities. Defibrillator pads are on the right and left sides of the chest. An intravenous catheter is in the right antecubital fossa. An intraosseous catheter is at the right shin.



Name: Omar Khayyam Arrington-Bey

**Injuries, Internal and External:** Blunt impact injuries are at the head, trunk and extremities.

There is no grossly visible external injury of the scalp. The left occipital scalp internally shows a 1" contusion in the soft tissue and the left posterior temporalis muscle shows a 2" contusion. There is a ½" contusion at the tip of the tongue on the right side. The inner aspect of the right lip and cheek shows a ¾" violet contusion. A 1 ½" contused laceration is present at the inner aspect of the left side of the lip and mouth area. There are a few 1/8" abrasions on the right side of the neck. There is livor mortis in the neck area which may obscure small cutaneous injury. There is no subcutaneous hemorrhage in the neck. The strap muscles of the neck are free of hemorrhage. The throat skeleton is free of fracture. The skull is free of fracture and there is no intracranial hemorrhage.

Near the mid-chest is a 1/8" red-based abrasion. There is no externally visible injury of the back. Dissection of the posterior neck and back shows a 1" subcutaneous hemorrhage of the upper mid back with two 1 ½" hemorrhages just inferior and lateral to that. There is a 1" subcutaneous contusion of the right lower back and a 2" contusion of the lower mid back.

On the right upper extremity is a 1 ½" linear red-violet contusion. At the medial aspect of the arm above the elbow is a ¾" violet-green contusion with smaller round focal areas of discoloration adjacent to it. On the right elbow is a ¾" red-violet contusion with abrasion. There is a ¼" red based abrasion at the posterior aspect of the right wrist with a 2" violet contusion to the right of that. There is a 1 ¾" violet contusion at the medial aspect of the right wrist closer to the hand. There is an ill defined approximately 2" area of red-violet contusion over the knuckles of the little, ring, and middle fingers of the right hand. There is a ½" red-based abrasion near the base of the index finger.

At the medial aspect of the upper left arm is a 7" area of violet-violet green contusion. At the medial aspect of the left wrist is a 1 ¼" violet contusion. There is a ½" irregular violet contusion on the dorsal aspect of the left hand.

Dissection into the wrists confirms the presence of contusion. This is documented photographically.

On the right lower extremity is a 1" superficial abrasion at the knee. On the right shin is a 1 ¼" violet contusion and there is a 1" violet contusion at the upper lateral aspect of the right calf.

On the left lower extremity is a 1" superficially abraded violet contusion of the left shin. On the dorsal left foot is a 1" violet-green contusion near the toes.

There is violet-brown cutaneous discoloration present at the ankles in a circumferential pattern with some interruptions. Dissection of the soft tissues at the ankles fails to demonstrate soft tissue hemorrhage.

There are no palpable long bone fractures of the extremities.

These injuries, having been described, will not be repeated.

#### **INTERNAL EXAMINATION:**

**Head:** The scalp is unremarkable except as noted. The skull is free of fracture. There is no epidural, subdural, or subarachnoid hemorrhage. There is extensive calcification of the paramedian dura (falx). There is no acute change. The white and gray matter are normally distributed; the ventricles are unremarkable. There are no mass lesions. The substantia nigra is normally pigmented. The pons, medulla, and cerebellum are not remarkable.

**Neck:** The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages, and the paratracheal soft tissues are without lesion. There is a small amount of soft tissue hemorrhage to the left of the esophagus at the level of the epiglottis. (Comment: consistent with intubation). The strap muscles of the neck are free of hemorrhage. The upper airway is not obstructed. The tongue is unremarkable except as noted.

**Body Cavities:** The organ situs is normal. There are no abnormal fluid accumulations or adhesions.

Case: IN2013-01074

County: Cuyahoga

Name: Omar Khayyam Arrington-Bey

**Cardiovascular System:** The aorta has focal yellow atheromatous plaques in its thoracic and abdominal segments. The venae cavae and pulmonary arteries are without thrombus or embolus. The 420 gram heart has a normal distribution of right predominant coronary arteries. The epicardial coronary vessels are notable for a focal intramyocardial course of the left anterior descending artery and a slight angulation at the take off of the right coronary artery. The coronary arteries are free of atherosclerosis and there are no thrombi. The myocardium is uniformly reddish-brown without hemorrhage, softening, pallor, or fibrosis. The left ventricle is 1.4 cm. thick; the right ventricle is 0.3 cm. thick. The endocardial surfaces and cardiac valves are not remarkable.

**Respiratory System:** The right lung weighs 480 grams; the left lung weighs 510 grams. Both lungs are pink and crepitant with dark purple, dependent congestion (slightly more prominent on the left). The parenchyma is free of consolidation and mass lesions. The vasculature is unremarkable. The bronchi are not obstructed.

**Liver, Gallbladder, and Pancreas:** The 1550 gram liver has a smooth intact capsule with homogeneous brown parenchyma that is free of fibrosis and mass lesions. The gallbladder contains approximately 10 ml. of dark green fluid bile without stones. The extrahepatic bile ducts are unremarkable. The pancreas is tan, lobulated and of usual consistency. It is free of hemorrhage, necrosis, and calcification.

**Hemic and Lymphatic System:** The 270 gram spleen has a dark purple, intact, smooth capsule and firm, dark red parenchyma without visible white pulp. There is no lymph node enlargement.

**Genitourinary System:** The right kidney weighs 190 grams. The left kidney is absent with fibrosis and surgical clips near the pelvis. The subcapsular surface of the right kidney is granular. The cortex and medulla are well demarcated. The pelvis and vasculature are not remarkable. The ureter maintains uniform caliber into an unremarkable bladder containing approximately 25 ml. of cloudy yellow urine.

The prostate gland is not enlarged. The testes are unremarkable and free of injury.

**Endocrine System:** The pituitary gland is not enlarged. The thyroid and adrenal glands are unremarkable externally and upon sectioning. There is a slight amount of fibrosis near the left adrenal consistent with the previous nephrectomy.

**Digestive System:** The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 550 ml. of greenish-brown fluid with shredded carrots as well as fragments of green and clear vegetable matter. There are no pills. The small intestine, appendix, and large intestine are unremarkable. No foreign bodies or pills are identified within the lumen.

**Musculoskeletal System:** There are no fractures of the vertebrae, clavicles, ribs, sternum, or pelvis. The musculature is normally distributed.

**Toxicology:** Specimens of blood, bile, urine, gastric contents, vitreous humor and liver tissue are submitted for toxicological analysis as indicated. A separate report will be attached.

**Microscopy:** Two specimen stock jars are retained. Sections of heart, lung, liver, kidney, pancreas, spleen, brain and testes are submitted for histopathologic analysis.

**Microscopic Diagnosis:**

**HEART:**

- Epicardium unremarkable
- Coronary arteries without atherosclerosis
- Bridging myocardial fibers over larger coronary profiles
- Two non-specific, small, mononuclear cell clusters without associated myocyte necrosis
- Multifocal wavy fiber degeneration with scattered contraction bands
- Rare myocyte hypertrophy with slight, focal perivascular fibrous expansion
- Endocardium unremarkable

Case: IN2013-01074

County: Guyanoga

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**LUNG:** Alveoli with focal edema, hemorrhage and atelectasis  
Vessels and airways not remarkable

**LIVER:** Portal Triads and lobules unremarkable  
No inflammation

**BRAIN:** Sections of brainstem and hippocampus without pathologic  
diagnosis  
No inflammation

**KIDNEY:** Glomerular congestion  
Size and cellularity not remarkable  
Congestion peritubular capillaries  
Tubulo-interstitium and vasculature unremarkable

**PANCREAS:** Unremarkable islets, acini and ducts

**SPLEEN:** Congested red pulp with unremarkable white pulp


**TESTIS:** Unremarkable architecture with appropriate maturation  
No hemorrhage or inflammation

**OPINION:** It is my opinion that Omar Khayyam Arrington-Bey, a 38 year-old black man, died as a result of a sudden cardiac event during a physical altercation in association with bipolar disease. The decedent's increased weight and coronary artery anatomy placed him at increased risk of such a cardiac event during a stressful occurrence.

**CAUSE OF DEATH:** Sudden cardiac death in association with physical altercation and bipolar disease.

**Other Condition(s):** Obesity.  
Coronary artery with myocardial bridging.

**MANNER OF DEATH:** Homicide.

  
Thomas P. Gilson, M.D.  
Medical Examiner

7/24/13  
Date

JM  
Dictated: 6/22/2013  
Transcribed 6/24/2013



Thomas P. Gilson, M.D.  
Medical Examiner

**Cuyahoga County  
Medical Examiner's Office**  
11001 Cedar Avenue, Cleveland, Ohio 44106  
**MEDICAL EXAMINER'S VERDICT**

THE STATE OF OHIO,  
SS.  
CUYAHOGA COUNTY

CASE NUMBER: IN2013-01074

Be it Remembered, That on the 21st day of June, 2013 information was given to me, **Thomas P. Gilson, M.D.**, Medical Examiner of said County, that the dead body of a man supposed to have come to his death as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, (Sec. 313-11, 313-12 R.C. Ohio) had been found in Emergency Room, University Hospitals Bedford Medical Center in Bedford of Cuyahoga County, on the 21st day of June, 2013.

I viewed or caused to be viewed the said body at the Medical Examiner's Office. After the viewing and making inquiry into the circumstances that caused the death of the said person, I obtained further information, to-wit: (BHPD # 13-08831) (UHBMC #01180307). I also carefully examined or caused to be examined the said dead body at 7:29AM on the 22nd day of June, 2013 and I find as follows: to wit:

I, **Thomas P. Gilson, M.D.**, Medical Examiner of said county, having diligently inquired, do true presentment make in what manner Omar Khayyam Arrington-Bey, whose body was at the Medical Examiner's Office on the 22nd day of June, 2013 came to his death. The said Omar Khayyam Arrington-Bey was married, 38 years of age, a resident of Shaker Heights, Cuyahoga County, Ohio, and a native of Cleveland, Ohio; was of the Black race, and had brown eyes, black hair, unshaven beard, black mustache, was 69 inches in height, and weighed 208 pounds.

Upon full inquiry based on all the known facts, I find that the said Omar Khayyam Arrington-Bey came to his death officially on the 21st day of June, 2013 in Emergency Room, University Hospitals Bedford Medical Center and was officially pronounced dead at 7:30 P.M., by Dr. Banyasz. There is history that on the evening of June 21st, 2013, the said Omar Khayyam Arrington-Bey, 2533 Cheshire Road, was incarcerated in Bedford Heights Police Department Correctional Facility, 5661 Perkins Road. Later this same date, this man was removed from the cell by correction officers. Upon returning the said Omar Khayyam Arrington-Bey to the cell, a physical altercation occurred, and legal intervention ensued. During this time, this man apparently became ill and collapsed, and resuscitative measures were instituted. The Bedford Heights Paramedics were called and on arrival, treatment was continued. The said Omar Khayyam Arrington-Bey was then transported to University Hospitals Bedford Medical Center where he was admitted to the Emergency Room at 7:15 P.M., in full cardiopulmonary arrest. Treatment and drug therapy were administered, however, this man failed to respond and was pronounced dead at the aforementioned time and date. The County Medical Examiner's Office was notified and Esposito Mortuary Services was dispatched. The said Omar Khayyam Arrington-Bey was then transported to the Medical Examiner's Office where an autopsy was performed. That death in this case was the end result of sudden cardiac death in association with physical altercation and bipolar disease, with other conditions of obesity, and coronary artery with myocardial bridging, and was homicidal in nature.

**Cause of Death:** Sudden cardiac death in association with physical altercation and bipolar disease.  
HOMICIDE.

**Other Condition(s):** Obesity.  
Coronary artery with myocardial bridging.

**Omar Khayyam Arrington-Bey**  
(Name of Deceased)

Cuyahoga County Medical Examiner

,M.D.